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UNDER THE EDITORIAL DIRECTION OF

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A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER

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Editorial Department.

THERE are comparatively few practitioners outside of the teaching faculties of medical colleges and the progressive student class of physicians found in both urban and suburban practice, who appreciate the work being done in the research laboratories of this country. Too many physicians are disposed to feel that this work is beyond their comprehension and decidedly too complex, and above all impractical.

Research Work.

That this view is founded upon ignorance is evident, and if more would follow this work in the literature of the day they would have entirely different views, in fact rejoice in the advances being made and feel proud of America's position in this great movement of original research work and of that group of workers, the most brilliant of the dawning century who are adding to accumulation of knowledge of disease. In the domain of pathological chemistry, a new field for this country, we have men who are demonstrating the fundamental principles upon which our future science of dietetics is to be founded, and in physiological chemistry they are showing us the real facts upon which life itself depends. It is true some sensationalism creeps in to mar the usefulness of some of the research work, but even with the distortions made by the sensational press, there is truth and wholesome prestige in the work now going on. Far-reaching, indeed, is the significance of the laboratory worker, and the comprehensive insight which physiology gives to life and bacteriology to disease gives promise of greater value to the work of the practitioner in the application of this research work to the treatment of disease. Infectious diseases ultimately will come under the influence of the applied therapeutics, which to be evolved from the results of the patient investigations of the research worker. There will be no lack of funds to promote this work, as evidence we have but to note what Rockefeller has done in New York, Mrs. Emmons Blaine in Chicago, Morgan in Boston, and other benefactors elsewhere. There is no field more inviting for the student or the philanthropist, for with every advance comes good either in knowledge of disease or confirmation of the-

ories long since advanced. The application of the principles established in the laboratory gives value to the practitioner's work in his field of practice, and so let us hope for the speedy growth of laboratories for original research work of increased facilities for instruction, and above all for men willing and ready to lend support to every movement which give value to the practitioner's place in the community.

F. P. N.



WITH the evolution of our knowledge of tuberculosis it has become imperative that both State and municipal authorities lend their aid towards establishing such regulations as will reduce to the minimum the dangers attending the presence of this disease in a community, and also to regulate its care in a family. The public are familiar with the ravages of the disease, perhaps know too well its trail of distress and destruction, and doubtless with proper instruction as to the simple means of its regulation, will lend co-operation in maintaining such regulations as will prevent and mitigate its terrible effects. It is timely that physicians are proclaiming the doctrine of cleanliness, and other wholesome hygienic practices, such as good food, plenty of sunlight, fresh air, bathing, etc., as the agents above all others with which to fight the great white plague. Dr. Sherman G. Bonney, of Denver, one of the most progressive authorities in this country in concluding an able paper ("Consumption Contracted in Colorado and Methods to Restrict its Spread, Medical News, May 24, 1902) summarizes the methods of restriction in the following terse suggestions:

Regulation of Tuberculosis.

1. Compulsory notification and registration of all cases of pulmonary tuberculosis; this not to imply placarding of houses or apartments, isolation or other personal humiliation, but furnishing opportunity for a degree of inspection and supervision.

2. The education of the consumptive himself in the way of instructive and persuasive appeals, resulting in securing his willing and active co-operation in the rigid observance of sanitary precautions, and submission to conservative control.

3. Special detention institutions for the ignorant or vicious who refuse to conform to established rules.

4. State sanatoria for the consumptive poor, who, with such provision, can frequently be enabled to resume their duties and former positions in the community as wage-earners.

5. Segregation hospitals for the hopelessly ill and impoverished where the last comforts can be administered without the slightest degree of danger to families and society.

6. No interference with personal rights, family ties, social aspects, business pursuits, etc., except under conditions before described, unless rendered necessary by repeated and intentional infraction of prescribed regulations, quarantine and segregation otherwise being regarded as impracticable and ridiculous.

7. Periodical disinfection of apartments under the supervision of the health department, and always after death of the patient.

8. Prohibition of expectoration upon sidewalks, crossings or any public place where people walk, or in any way not in accordance with the instructions either received from the health officer directly, or authorized through the medium of the attending physician.

9. Separate and distinct methods of instruction directed to the general public, all official information being essentially of a reassuring nature, although not minimizing the possible dangers resulting from the presence of the careless consumptive.

10. Public attention drawn to a proper mode of living, occupation and environment, including the hygiene of the home with reference to ventilation and sunlight.

11. Formation of societies for the study and prevention of tuberculosis through whose responsible agency accurate and sustained conceptions may be transmitted to the community by means of educational literature, public meetings and addresses.

12. Government and municipal supervision of the construction of public buildings, tenement houses, factories, commercial establishments and conveyances.



Medical Association of Missouri.

THE reorganization meeting, held at St. Joseph, May 20, 21 and 22, marks an era in the history of this association. The attendance was a large and representative one, and the evening session at the Lake Casino was a most interesting and enthusiastic one. The Committee on Program had prepared a long list of excellent papers, nearly all of which were presented before the society.

Dr. J. D. Griffith, of Kansas City, presided with rare ability, and it was only through his excellent management and strict parliamentary rulings that the end of the program was reached at the proper time. Dr. Griffith's address, which is an excellent epitome of the necessary changes in the constitution and by-laws, is filled with good advice, will be published in our next issue.

The presence of Dr. Roswell Park, of Buffalo, was the occasion of a large attendance at the second afternoon session, when the Symposium on Carcinoma was presented. Dr. Park's masterly presentation of the subject was much enjoyed by those present, and his paper will appear in full in a later issue of the FORTNIGHTLY.

The society was reorganized along the lines suggested by the American Medical Association, and a new constitution and by-laws adopted, one of the provisions of which is that membership in the county and district society shall constitute membership in the State society without further dues, and no one can be admitted to membership in the State society except through the county or regular district society.

The following resolution, by Dr. Lutz, of this city, was unanimously adopted:

"The Missouri State Medical Association extends its hearty congratulations to the people of this State on account of the humane and wise ac-

tion of the board of managers of Asylum No. 1 at Fulton, who have placed the unfortunate insane again in charge of the medical profession.

"We deprecate the action of certain persons who have thought it incumbent upon themselves to denounce the chief magistrate of this State, because the managers of the asylum appointed by him have thought it for the best interests of the insane that their care and treatment be entrusted to the votaries of science and not to those whose greatest qualification for the discharge of the responsible position which they obtained consisted in their ability to take advantage of a situation which now, happily, does not exist.

"We hereby express our confidence in the Governor of Missouri whose every official act, so far as it relates to the preservation of the lives and health of our people, and the amelioration of the sufferings of the State's wards has been characterized by an understanding of the necessities of the occasion which is vouchsafed in its broadest sense only to those who have learned to know the needs of the afflicted.

The entertainment of the visitors included an evening at the Lotus Club, a reception at State Hospital No. 2 given by Dr. Woodson, the superintendent, and afternoon trolley party to the lake and Krug Park followed by a luncheon at the residence of Dr. Fassett, besides a number of special dinners, luncheons, etc.

A feature of this meeting, and one for which St. Joseph deserves great credit, is that none of the entertainments interfered in the least with the scientific program—an example deserving of emulation.

After a spirited contest between Joplin and Excelsior Springs, the society decided by a large majority to meet at the latter place in May, 1903.

Following is a list of the officers elected for the ensuing year:

President—Dr. Woodson Moss, Columbia.

First Vice-President—Dr. M. P. Overholtzer, Harrisonville.

Second Vice-President—Dr. Barton Pitts, St. Joseph.

Third Vice-President—Dr. A. C. Robinson, St. Louis.

Fourth Vice-President—Dr. Frank Devilbliss, Spring Garden.

Fifth Vice-President—Dr. V. G. Bonham, New Franklin.

Recording Secretary—C. M. Nicholson, St. Louis.

Associate Recording Secretary—E. J. Goodin, St. Louis.

Delegates to the American Medical Association—Dr. Frank Lutz, St. Louis; alternate, Dr. C. H. Wallace, St. Joseph.



HE WILL NOW REGISTER ON THIS SIDE.—Dr. John M. Davis, Hamilton, Ill., who has been making professional visits to different towns throughout Macon county, Mo., during the past fifteen years, was arrested recently at Macon on information filed by the prosecuting attorney of the county, charging him with practicing medicine without a certificate from the Missouri State Board of Health. Some day we hope to see laws of such uniformity that a man who is adjudged competent in Illinois will be equally so in Missouri.

The Fifty-second Annual Meeting of the Illinois State Medical Society.

The annual meeting of the Illinois State Medical Society, held at Quincy, May 20, 21 and 22, was of unusual importance, by reason of it being the occasion of the adoption of the new constitution, which goes into effect at once. This plan places the State organization in harmony with the new plan of organization of the American Medical Association. Illinois as a State, under this new, liberal plan of reorganization, is now on a footing to have all of the progressive medical of the State, who practice no exclusive system of medicine, into one harmonious whole, and will be in a position to more actively pursue measures calculated to establish the profession upon a broad, wholesome, professional basis, and secure for it legislative recognition.

The preliminary meeting of Monday, May 19th, was in charge of the Committee on Medical Legislation, and had for its object the discussion of the new constitution, and suggested legislation to come before the session of the legislature next winter.

The regular session was convened on Tuesday, May 20th, in the Court House, where after the usual preliminary exercises, the sections were called to order. This year the sections held separate sessions, instead of jointly, as formerly.

Section 1, Practice of Medicine, with Dr. R. B. Preble, of Chicago, as chairman, and S. E. Munson, of Springfield, as secretary, held sessions in the City Hall. A magnificent programme was presented by this section—thirty-one papers were listed, but all were not presented. Among the many good contributions were Frank Billings, J. B. Heinck, Arthur R. Edwards, F. X. Walls, I. A. Abt, A. C. Cotton, Geo. W. Webster, N. S. Davis, Jr., E. Fletcher Ingals, Archibald Church, L. H. Mettler, Harold N. Moyer, Sanger Brown, Chas. L. Mix, all of Chicago, and Jas. Brayshaw, Homer; M. C. Marcy, J. W. Hensley and E. M. Eckard, Peoria; H. B. Buck, B. B. Griffith, J. W. Kelly and Margaret Taylor Shutt, Springfield; D. W. Reed, T. J. Pitner, Jacksonville; E. C. Franning, Galesburg; C. Martin Wood, Decatur; C. Barlow, Robinson; M. L. Winstead, Wetang; J. N. Nelms, Taylorville; J. C. Sullivan, Cairo; Lucinda R. Corr, Carlinville.

The address of section 1 was delivered Wednesday morning before the general session by Prof. George Dock, of the University of Michigan, Ann Arbor. The subject was "Pernicious Anemias; Their Diagnosis and Treatment." It was a scholarly, analytical address distinctly clinical and in all valuable to the general practitioner by reason of its completeness, and also in its essentially modern views on the perplexing subject of anemias. We congratulate the society in having been honored with the presence of this great scholar who ranks among the foremost internalists in this country.

Section 2, on surgery, was ably officered by Dr. E. Mammen, of Bloomington, as chairman, and W. E. Schroeder, of Chicago, as secretary. The programme in this section was of usual excellence and embraced timely subjects. Surgery of the Stomach was presented in a thorough

paper by A. D. Bevan, of Chicago; Surgery of the Spine, by C. E. Black, of Jacksonville, with a supplemental paper on Neurological Diagnosis of Traumatic Lesions of the Cord, by Frank P. Norbury, of Jacksonville; Surgery of the Ureter, was presented by Emil Ries, of Chicago; Prostatectomy, by J. B. Murphy, Chicago. Two good papers pertaining to Surgery of the Liver—one by M. L. Harris, of Chicago, on Lymphadenitis and Abscesses of the Liver in connection with Appendicitis, and one on Traumatic Injuries of the Liver, by J. L. Wiggins, of East St. Louis. Appendicitis was discussed by H. C. Mitchell, of Carbondale. One of the most valuable papers was by S. C. Plummer, of Chicago, on "The Hartley-Krause Flap in Hemorrhage from the Middle Meningeal Artery," with report of two cases. Genito-Urinary Surgery and Surgery of the Kidney, were presented by such authorities as Percy of Galesburg, L. E. Schmidt, J. B. Murphy and Emil Reis, of Chicago. Of unusual thoroughness and of special value and importance were the papers on Obstetrics, by J. B. DeLee, C. B. Reed, Chas. E. Paddock, Effa V. Davis, C. S. Bacon, of Chicago, and F. P. Gillis, of DuQuoin. Ophthalmology was represented in papers by W. O. Nance, Chicago; J. Whitefield Smith, Bloomington, and F. S. Crocker, Chicago. Gynecology was presented by T. J. Watkins, H. P. Neuman, Jacob Frank, of Chicago, and O. B. Will, of Peoria. Fractures and Dislocations were discussed by Ochsner and Kuflewski, Chicago. Rectal Surgery, by J. R. Pennington, E. A. Halstead, of Chicago. Dermatology, by E. A. Fishkin, of Chicago. In all this was a well balanced program and ably presented.

The address on Surgery, by Dr. Roswell Park, of Buffalo, subject "Surgical Intervention in Borderland Cases," was delivered Tuesday evening. This address was replete with suggestions for early surgical intervention in cases which sooner or later come under the surgeon's care. The field of surgery was carefully considered, and the conclusions based upon the author's vast experience and scientific knowledge were that tentative means, and procrastination too frequently took the place of indicated surgical intervention. Ultimately when time had added to the approach of fatalities and increased misery was the lot which fell to most cases, then it was the appeal was made to the surgeon. Dr. Park deprecated such practice, and clearly demonstrated that early interference will save life, promote the welfare of humanity. The address was timely, scientific and wholly in keeping with the dignified and scientific career of Dr. Park.

Section 3—The meetings of this section were full of interest and attracted a good audience. The officers, Dr. J. M. Wilcox, of Clinton, chairman, and Dr. W. K. Newcomb, of Champaign, secretary, provided six excellent papers, viz: "What Should be the Attitude of the Medical Profession towards the Secular Press," Dr. J. W. Pettit, Ottawa; "The Differentiation of Human from Animal Blood," Drs. W. A. Evans and Adolph Gehrman, Chicago; "The Conduct and Management of a Charity Hospital," Dr. Denslow Lewis, Chicago; "The Illegitimate Child," Dr. H. H. Hart, Chicago; "The Work of the State Board of Health," Dr. Warwick A. Shaw, Chicago; "The Control of Vaccines, Antitoxins and Biological Products," Dr. A. Gehrman, Chicago.

The address of this section was by Dr. Charles B. Johnson, of Champaign; the subject "A Country Doctor's Contribution to Preventive Medicine." This was a well written biographical sketch of the life of Edward Jenner, with commentaries upon his works. This tribute was delivered at the evening session of Tuesday.

The President's address, by Dr. J. T. McAnally, of Carbondale, was also delivered on Tuesday evening, was a masterly appeal for the care of the children in the public schools. This very important subject was exhaustively considered, and being presented before a mixed audience it doubtless made an impression upon the lay minds which will be lasting and stimulated the physicians to more carefully supervise the needs of the children in public schools.

Throughout this meeting was intensely scientific, and much earnest work was done. No diversions were allowed, and every moment of time, with the exception of Thursday evening, which was given up to the annual banquet, was devoted to the work of the society. The banquet was the social feature of the occasion, and was in every way a success. The Quincy members of the profession are to be congratulated on their devotion to the welfare of the society, and the means prepared to make the meeting a successful one in every feature.

The following are the officers for the ensuing year:

President—M. L. Harris, Chicago.

Secretary—E. W. Wells, Ottawa.

Assistant Secretary—J. H. Stowell, Chicago.

Treasurer—E. J. Brown, Decatur.

Judicial Council—O. B. Will, Peoria; D. W. Graham, Chicago; E. P. Cook, Mendota.

Officers of Section 1—Chairman, W. N. Newcomb, Champaign; secretary, W. C. Bowers, Decatur.

Section 2—Chairman, W. E. Schroeder, Chicago; secretary, J. B. DeLee, Chicago.

Delegates to the National Convention—J. T. McAnally, Carbondale; alternate, W. F. Grimstead, Cairo; F. X. Walls, Chicago; alternate, H. N. Moyer, Chicago; H. P. Beirne, Quincy, and O. A. Johnston of Quincy, alternate.

Chairmen of Standing Committees—Necrology, C. B. Johnson, Chicago; legislation, C. E. Black, Jacksonville; medical societies, C. W. Hall, Kewanee; pharmacopea, N. S. Davis, Jr.

Dr. Black, of Jacksonville, was also appointed as the representative of the State society on the national legislative committee, and Dr. J. W. Pettit, of Ottawa, and Dr. Grimstead, of Cairo, were added to the medical society committee.

The local committee of arrangements, consisting of R. J. Christie, Jr., Joseph Robbins, Grant Irwin, Otis Johnston and Charles D. Centre, was given a vote of thanks by the convention for the excellent manner in which all details had been looked after.

The general expression of the visiting physicians was that this meeting had been the most important in the history of the society. It was

more largely attended, and the variety of topics discussed was of the greatest value to the profession. As for the entertainment and reception accorded by the local physicians and the citizens generally, they were lavish in their compliments.

The exhibits this year were good, and while many of the old time friends were missing, new ones were there to take their places. The following had exhibits in the corridors of the Court House: Keasbey & Mattison; the Bertman Static and X-Ray Machine; Frederick Stearns & Co.; Willis H. Davis, surgical instruments, Keokuk, Ia.; Truax, Greene & Co., Chicago; W. R. Grudy & Co., Chicago; Sharp & Smith, Chicago; Hance Bros. & White, Philadelphia; Glyco-Thymoline Co., New York; Imperial Granum Co., represented by G. F. Wilcox; Billings, Clapp & Co., Boston; W. D. Allison Co., Indianapolis; Globe Nebulizer Co., Battle Creek; Maltine Co., New York, represented by C. J. Gibson; Lea Brothers & Co., Philadelphia, represented by O. P. Irwin; Horlick Malted Milk, Racine, Wis.; American Malted Cream Co., South Bend, Indiana, represented by W. J. Laufenberg; Panopeptone, Fairchild Bros. & Foster, New York; O. W. Schmidt, Chicago; The R. V. Wagner Co., mica plate static machine, was exhibited by Daniel Hayes; Electro-Surgical Co., Rochester Co., N. Y., exhibited the Bransford Lewis Cystoscope, this exhibit was in charge of E. H. Hall, Chicago; Eskay's Albuminized Food was on hand as usual; The Tilden Co., represented by "The only Klauenberg," kept in touch with the visitors; Searle & Hereth Co., Chicago, was ably represented by Dr. C. H. Searle and the affable Ben Smith.

Among the new exhibitors to attract attention was: The Malt Sinew Co., Chicago, with a new and excellent preparation of malt which promises great things; The Ambulatory Pneumatic Splints Co., 183 Lake street, Chicago, with a strikingly novel splint, from which excellent results are to be expected; Parke, Davis & Co., in the hands of W. C. Hayhurst and W. F. Bake, Chicago, were shown to be, as usual, in the front with things new and valuable.



DR. D. D. O'GORMAN, of this city, was elected supreme medical examiner of the Catholic Knights and Ladies of America at the recent meeting of that society held in Detroit.

FORTY-FOUR HUNDRED AND TWENTY-FIVE DOLLARS LESS THAN SHE THOUGHT IT WAS WORTH.—Miss Mary Hinman, of Grand Rapids, Mich., who sued Dr. Herrick for \$5,000 because he allowed medical students to witness an operation performed upon her, was recently awarded \$75 damages by a circuit court jury.—*Med. Times*.

THE NORTH MISSOURI MEDICAL ASSOCIATION will hold its annual meeting at Macon City, on June 19 and 20. This is one of the very best and largest district medical societies in the State, and an excellent program has been provided for this occasion. The profession cordially invited. S. M. Brown, president; L. W. Dallas, secretary, Hunnewell, Mo.

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

Contributions, and books for review, should be sent to the Editors, 312 Century Building, St. Louis.

COLLABORATORS.

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Mr. REGINALD HARRISON, London, Eng.	WM. H. WILDER, M. D., Chicago, Ill.

Gonorrheal Synovitis of the Knee-joint; Tubercular Coxitis; Osteomyelitis Involving the Superior Maxilla; Fracture of the External Malleolus; Amputation of the Thigh for Advanced Tuberculosis of the Knee-joint.

By N. SENN, M. D., Ph. D., LL. D.,

CHICAGO,

Professor of the Principle of Surgery and Clinical Surgery, Rush Medical College; Attending Surgeon to the Presbyterian Hospital, etc.

A SURGICAL CLINIC.

STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY.

GONORRHEAL SYNOVITIS OF THE KNEE-JOINT.

GENTLEMEN:—This patient had specific synovitis of the knee-joint which resulted from gonorrheal infection. I predicted that one or two tappings, followed by intra-articular injections of three per cent solution of carbolic acid, would bring about permanent improvement. We have made one puncture, and there is a decided improvement in the condition of the joint. We will repeat the procedure today, and it will probably be the last one. In cases of synovitis due to gonorrhea we generally find that one or two tappings, followed by intra-articular injections of carbolic acid, arrests the disease promptly.

I will displace the skin in the usual manner, rotate the patella on its axis, to separate the space between the external condyles as much as possible, then locate the point at the upper margin of the patella, thrust the

instrument forward and in the direction of the center of the patella where it now rests. I withdraw the stylet and ordinary synovial fluid escapes, but no masses of fibrin, such as we find in tubercular synovitis. We have evacuated a little more than an ounce of synovial fluid, and I now inject three per cent solution of carbolic acid. I irrigate the joint. We will fill the syringe once more. We have evacuated the fluid, and we will repeat the injection. I will leave about one-half syringeful in the joint, withdraw the canula and then seal the wound with iodoform collodion.

TUBERCULAR COXITIS.

This is a case of tubercular coxitis, presenting the characteristic symptoms of pain in the knee-joint, nocturnal aggravation of pain, nightly cries and pain referred to the groin. It is a case in which there can be little doubt as to its being an osteal tuberculosis, that has already reached the (acetabulum, as is evident from pain which she refers to the groin. We will make use of continuous extension with weight and pulley. I shall make an intra-articular injection today of iodoform-glycerine emulsion. I look for the landmark which it is important to utilize in locating the exact point of puncture. I feel for the pubic spine. The second landmark is the upper border of the great trochanter. By drawing a line between these two landmarks, lying directly over the hip-joint, the exact point of puncture should be found, the point corresponding to the internal border of the sartorius muscle in this line. I feel now for the inner border of the sartorius muscle, and have thus determined the exact point of puncture. As a matter of precaution I feel for the femoral artery, and at a safe distance I insert the trocar at the point I have selected, I push it directly backward, and am now in the neck of the femur. We are now in the hip-joint, I withdraw the stylet, and am ready to make the intra-articular injection. The canula rests in the osteoporotic neck of the femur. We will inject part of the iodoform-glycerine emulsion we are using into the bone, making a parenchymatous injection. I will withdraw the canula a little so as to throw the remainder of the injection, which is about half a drachm, into the joint. The capacity of the hip-joint is a very limited one. We have injected two drachms of the emulsion. It is well enough to commence with a small dose and stop, because we do not know anything about the idiosyncrasy of the patient as regards the toxic effects of iodoform, local and general. Having withdrawn the canula, the puncture will be sealed with collodion.

OSTEOMYELITIS INVOLVING THE SUPERIOR MAXILLA.

In the next case it is difficult to say what we shall find. The patient was admitted to the hospital with a clinical history which points to the existence of some osteomyelitic process below the eye in the neighborhood of the malar bone, the superior maxilla, and as far as I can understand the process was an acute one, although the attending physician distrusted osteomyelitis. The extensive inflammatory edema and a small fistulous opening which you see point to a limited acute osteomyelitic process. The discharge of pus through the fistulous opening has been slow, and

during the last two days it has almost entirely ceased. It is possible we may find the bone covered, and in that even we will scrape out the fistulous tract so as to secure healing by granulation. The swelling is most marked just below the orbital margin and directly over the antrum of Highmore. There is neither in the clinical history, nor as the result of physical examination any evidence of the implication of the antrum of Highmore in the inflammatory process. I have explored this fistulous tract, and have reached denuded bone. The tract will, therefore, be laid open freely so as to expose the original focus of infection. I am convinced now that we will, after instrumental exploration with the probe, determine the osteomyelitic nature of the original affection. We have to be a little careful in planning our incision because we wish to avoid excessive scar formation and its usual result in that particular locality as a secondary consequence, namely, ectropion of the lower eyelid. I utilize the director as a guide to reach the deep-seated focus. I will now make an incision directly over the sinus, and ask for small retractors with which to expose the parts and inspect the bone underneath. I find that I shall have to enlarge the incision a little in an upward direction. The opening is now large enough for me to explore it with the tip of my finger. If we could complete our exploration I think we would find that the osteomyelitic cavity communicates with the antrum of Highmore. I shall explore this region now thoroughly. I shall inject into the cavity peroxide of hydrogen, and if there is a communication with the antrum of Highmore it will become evident by the escape of bubbles of peroxide through the right nostril. My finger is now in the antrum. It is possible that the opening between the antrum and nostril has been obliterated. We will, however, clear out the antrum thoroughly and establish free drainage. It is an acute osteomyelitic process involving the superior maxilla and implicating the antrum of Highmore. Part of the septum between the nose and the antrum of Highmore is necrosed, and I am removing that part of the septum now. Free draining will be established into the nose. We can now irrigate the cavity thoroughly through this tube, which will be left in the outer angle of the wound so as to secure through drainage, and we will suture the remainder of the wound.

FRACTURE OF THE EXTERNAL MALLEOLUS.

I desire to present a case of fracture and to exhibit in connection with it a skiagraph. I explained to you in detail some few weeks ago that this was a fracture of the external malleolus at its base. I mentioned at the time the difficulties of making a diagnosis in such a case without the aid of skiagraphy, because by careful manipulation of the lower fragments I was unable either to elicit crepitus or to ascertain the normal point of motion. I had to rely in making a diagnosis, first, upon the point of tenderness, the location of the swelling, and the character of the disturbance of function. By having this skiagraph made the suspicion I entertained at the time has been found correct. Here you see the distinct line of fracture, corresponding to the line of the ankle-joint, at the base of the external malleolus. The only deformity in this instance is a diastasis, a separ-

ation of the fractured surfaces, one of the conditions most unfavorable to early and satisfactory bone union, hence in applying a permanent dressing we exercise considerable care in overcoming the longitudinal displacement, in bringing the fractured surfaces accurately together and holding them in contact by the use of an ordinary plaster splint.

This, then, was a case of fracture of the lower end of the fibula, complicated at the time by quite an extensive laceration of the external lateral ligament.

Another matter I emphasized strongly at the time the case was presented was the *modus operandi* of the force which produced the fracture. It was a plain case of what we call a traction fracture, causing inversion of the foot, produced by the great traction which was exerted upon the external lateral ligament. This ligament proved stronger than the base of the malleolus which became the seat of the fracture.

AMPUTATION OF THE THIGH FOR ADVANCED TUBERCULOSIS OF THE KNEE-JOINT.

The first operation you will witness this afternoon is an amputation of the thigh for far-advanced tuberculosis of the knee-joint, with serious para-articular complications. It is a case which resembles in many respects the one I operated upon last week for a similar condition. We find from the clinical history that the joint disease began years ago, pursuing the usual characteristic slow course of tuberculosis of the knee-joint. But recently there occurred a sudden aggravation which pointed to the existence of some serious complication in the form of very large suppurative foci around the tubercular joint. I now demonstrate to you the condition of this man's knee-joint, and I will have no difficulty in convincing you of the propriety of performing a mutilating operation. I place more stress, in looking for indications for amputation, upon the conditions outside than inside of the knee-joint, as we shall demonstrate in examining the specimen after the operation has been performed. You will notice that the knee-joint is considerably swollen, the swelling extending quite a distance above the joint. I find upon palpation all the indications of a deep-seated abscess which has opened and is now discharging a profuse and very offensive pus. Hence it is not only a case of pyogenic infection following joint tuberculosis, but there is an additional factor in this case of no little importance, namely, the existence of well-marked putrefactive infection, as is evident by the extreme fetor of the pus, which escapes in large quantities from the different abscesses around the joint. The next thing you will notice is that the leg is flexed almost at a right angle. We have not only marked flexion which, even if the knee-joint disease should yield to expectant treatment, would render the limb absolutely useless, but, at the same time, decided rotation of the leg outward. There is unusual prominence of the condyles of the femur, conditions pointing to the existence of an ordinary pathological subluxation of the tibia backward, with rotation outward.

The limb has been prepared as thoroughly as possible, it having been done under the use of an anesthetic. We will repeat the disinfection, placing the limb in an elevated position.

Another local condition to which I invite your attention is the existence of edema of the foot. I regard marked edema in connection with any tubercular affection of very great significance. The peripheral edema in this instance points distinctly to very decided lymphatic obstruction around and in the neighborhood of the knee-joint. It is a condition that has developed not so much in consequence of the tubercular joint affection, but is the outcome of the large para-articular abscesses which have seriously implicated the adjacent lymphatic channels. I propose in this instance to make the amputation as low down as is compatible with the local conditions which I have pointed out, as I desire to secure for the patient a useful stump. It will be desirable if the local conditions permit to make a Gritti-Stokes supra-condyloid amputation which affords an exceedingly useful stump; but that operation in this case is out of the question as the disease has extended far beyond the limits of the line of amputation required in that operation. I shall be forced, therefore, to amputate at about the junction of the middle with the lower third. I hope to find at that level the tissues in a condition compatible with a successful amputation. If I amputate in that locality, I shall be obliged to take a flap of tissue from the parts covering the deep-seated, suppurating tubercular focus; that is, I shall make a long, oval anterior flap, including only such tissues as are in a condition favorable to healing of the wound by primary intention, and carefully exclude all of the tubercular products in close proximity to the tissues required for flap formation. The patient is considerably emaciated, the subject of hectic fever, which has developed in consequence of the continuous absorption of septic material from the foci of suppuration. The elastic constrictor will be applied as high up as possible at the base of the thigh, the proper place for constriction in all amputations about the mediotarsal joint.

I now show you the manner of applying the constrictor, and I shall now constrict the parts in such a way that the turns of the constrictor shall not overlap each other. I want a very wide circle of elastic constriction.

I shall now make a long, oval anterior flap up to the proposed line of amputation, rounding off the flap well. I will dissect up the flap and we can see at once whether or not it is in a condition to serve as a safe cover for the amputation wound. I am dissecting away the tissues of the outer surface of the patella, and will soon reach a place above the patella. I am anxious to include in this flap, if I deem it safe, the deep fascia. By including the deep fascia in the flap we will secure an additional blood supply to the flap. We must be prepared at any moment to irrigate the parts. I find a little opening in the inner side of the knee-joint, and the irrigator should be in readiness to wash away infectious material. The extent of this abscess we have not determined with precision, and that will have to be revealed during the different steps of the operation. This is about the length of the anterior flap, and I will now make or form a short posterior flap, rounding off the angles well. The little edema of the tissues suggests the close proximity of the abscess, yet every inch of tissue here is valuable in attempting to furnish the patient with a useful stump. I am

removing the deep fascia down to the muscles. I am now ready to make a circular cut through the muscles obliquely, which will be done with the scalpel. We shall have to proceed entirely on the antiseptic plan, owing to the existence of these abscesses. I have reached the upper recess of this large cavity, and I believe I shall be able to use the flaps that have been made, and with thorough disinfection secure for the parts a comparatively aseptic condition. I have now cut through the muscles; I make a circular cut through the periosteum and with the periosteal elevator reflect this circular cut. I make a cuff at least two inches in length. I shall now inspect the surface of the wound. If there is any part of the abscess cavity remaining, I shall scrape it out with a sharp spoon. I find the proximal end of the abscess cavity, which I scrape out thoroughly. The rest of the tissues appear to be in a satisfactory condition.

The first thing to do now is to find out whether I have made the flaps properly. I bring them into position, and you will notice that they cover the wound very nicely without a particle of tension. We can now proceed to ligate the principal blood vessels. The femoral vein is thrombosed, which explains to a considerable extent the peripheral edema. I will ligate first, the femoral artery, separately, with medium-sized catgut. There is hardly any need of ligating the vein, yet if it is necessary we will tie the artery and vein in one common ligature. The next thing to be done is to make a primary neurectomy, that is, to excise the sciatic nerve which has been grasped, on account of very high division, and draw both the sciatic and peroneal nerves well down, reflect the nerve sheath, and cut off about an inch and a half of them. This is done for the purpose of guarding against the formation of an amputation neuroma. We have already thoroughly irrigated with five per cent carbolic acid, but as an additional means of very vigorous disinfection required, we will pour over the surface of the wound peroxide of hydrogen (Marchand's), and follow it with a five per cent solution of carbolic acid. Very much depends on the thoroughness with which disinfection is made, because the operation wound has become contaminated by the very extensive abscess on the inner surface of the knee-joint, extending up to near the middle of the thigh. I am now picking up the little blood vessels on the surface of the wound prior to the removal of Esmarch's constrictor. I will at once make provision for adequate drainage because this is a case in which we want to use every endeavor to drain the wound efficiently. Therefore, at the base of the posterior flap I make a little buttonhole through which we will insert a large tubular drain. I will ask for a large compress with which to make compression so as to guard against profuse parenchymatous bleeding after the removal of Esmarch's constrictor. I bring both ends of the flap over the compress and now make firm compression of the wound. The assistant must get the hemostatic forceps ready, so that when I remove the compress we may pick up in proper order the small vessels that will be exposed. I now lift the anterior flap, and I find here an intermuscular branch of considerable size which will be caught. I remove a little more of the compress and observe another vessel. You will find surface compression very valuable in limiting hemorrhage after the removal of Esmarch's constrictor.

We have secured all of the spurting points with hemostatic forceps, and we are now ready to resort to the ligature as a substitute for the forceps. It is difficult to tie these small intermuscular branches and I will give you a little demonstration of how this should be done. We have to pick up a little cone of tissue so as not to include it with the point of the forceps. I have to make careful use of the tips of my fingers; I bring my fingers down to the base of the cone, and draw the ligature down to this base. There is a spurting artery in the cuff of the periosteum which I have ligated. I make use of heat to aid the ligatures in promptly arresting surface oozing. For this purpose we use hot salt solution. We shall take great pains to secure perfect hemostasis. A large number of blood vessels require ligature in this case, something that we can explain readily by the long-continued inflammation in and around the knee-joint, and always greatly aggravated by the septic condition. A tendency to bleed is one of the conspicuous features of tissues suffering from septic infection. Hemostasis is now about perfect, with the exception of a little bleeding from the medullary canal, but this is not sufficient to require any local hemostatic.

Now comes the very important part of the operation, that is, in bringing the wound in proper condition for speedy, satisfactory healing, at the same time bringing the parts in a condition compatible with a useful, painless stump. The first thing that will be done now is to sew the periosteal cuff over the sawn end of the bone, and for this purpose I use a large needle armed with heavy catgut or medium-sized catgut. We have drawn this cuff forward, so that it covers the end of the bone very well, and the covering will be more perfect if we resort to muscle suturing, which will now be practiced. I shall suture the extensors to the flexors, and this will aid us materially in covering the end of the bone with its proper envelope—the periosteum. This is a very important matter, something that is not generally taught or practiced. I shall show you the wound in a moment to give you an idea of the importance of this step in its closing. This covers the bone completely, and at the same time diminishes the size of the wound. It at once secures for the stump a conical shape. You will notice that the bone has been covered with periosteum and the muscles, both of these structures having been sewed over the end of the bone. All that you will see now are the severed muscles carefully coapted with two catgut sutures. We place the flaps in proper position and apply the external sutures. In suturing the flaps the greatest precaution becomes necessary to distribute the wound margins equally throughout, as I shall show you now.

Some very brilliant surgeons make beautiful amputations, but devote comparatively little time and care to the suturing of the resulting wound, thereby failing to secure for the patients what is so essential, useful stumps.

The operation you have witnessed this afternoon is a typical Bruns amputation, a long oval anterior flap, and a short oval posterior flap. This amputation was made possible by the local conditions which called for a mutilating procedure, as we found the abscess extending highest at the

inner aspect of the thigh. If I had amputated beyond the limits of the abscess, I should have made the stump so short that it would probably be useless for wearing an artificial limb. I think I have made a very useful stump for this patient, having used every precaution to prevent contamination of the wound, by thorough disinfection not only of the abscess cavity, but of the whole surface of the wound. We have now the deep sutures in place. The remainder of the suturing will be done with horse-hair. You observe that the stump is cone-shaped, and the resulting scar formation will not be over the end of the bone, but behind it. You should always avoid a scar over the end of the bone, because in that locality it is exposed to continuous sources of irritation. The stump will have to be dressed with unusual care. We will apply the dressing and bandage in such a way as to rest the muscles. The bandage will be applied from above downward. The dressing is liable to become displaced if it is not fixed by a plaster-of-paris bandage or a long strip of adhesive plaster with which to hold it in place. We will immobilize the stump upon a posterior, well-padded splint and secure for the stump an elevation of at least forty-five degrees.



Facial Neuralgia.—

℞ Tinct. aconite root..... ʒiv
 Chloroform..... ʒiv
 Alcohol..... ʒiv
 Ol. peppermint..... ʒi

M. Sig.: Apply with a camel's hair brush.—*Med. News.*

Rhus Glabra in Enuresis.—Dr. J. J. Cassidy states that the internal use of *rhus glabra* will prevent incontinence of urine. Its action resembles that of tannic acid. He reports the cases of three lads treated from February 23 to June 24, 1900, their ages ranging from twelve to fourteen years. The prescriptions used were as follows:

Ferri citratis..... gr. clx
 Syr. calcii lactophosphat
 Syr. cascara aromatic.....aa ʒij

M. Sig. A teaspoonful after dinner (noon).

℞ Fld. ext. *rhus glabra*..... m ccx
 Syrup q. s. ad ʒij

M. Sig. A teaspoonful at bedtime.

The cure probably resulted from the continued action of the vegetable astringent on the vesical mucosa, and particularly the fibers of the sphincter vesicae. These medicines proved successful in three relapsing cases of enuresis, and two of the patients are now to have remained cured. The third did return for examination.—*Canadian Jour. Med. and Surg.*

A Psychological Study of Hysteria.

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THE original idea of hysteria, as evidenced by the very term, associating a peculiar disease or abnormality with the most important sexual organ of woman, has swept in an arc, to and fro, from an exclusive sexual pathology, to the extreme humoral, neurotic, and organic origin for its phenomena. But it has constantly returned to the point so often suggested to the unskilled observer, that some relation must exist between its phenomena and the sexual emotions. It is not the purpose of the present paper, to analyze the reasons for the great diversity of opinions as to cause, or to distinguish the particular phenomena which should be included under the term hysteria, but rather to consider the relation of certain psychological phenomena, to the origin and manifestations of hysteria in both sexes. But in thus assuming that mental and emotional operations, are as much worthy of consideration, as neural, humoral, or cellular anomalies or changes, let us briefly consider some of the normal operations of the mind. And in so doing let us understand that all mental operations are to be considered from a point of view in no way incompatible with the most absolutely materialistic conception of mental phenomena.

Recognizing as mind, the aggregate of the processes of the nervous system, rather than an assumed entity operating through illy-defined "faculties" of no special anatomical relationship, we must recall that at birth, the child possesses certain racial memories, habits and instincts; and all other mental qualities that may be afterwards possessed, must be evolved from the reaction of these inherited capacities, or tendencies, upon material furnished by the senses, and also that much inherited habit and tendency remain dormant until awakened by experience.

Let us also premise that much of the mechanism of the mind is concealed from ordinary methods of observation, because of subconscious operation. To appreciate this fully, it is necessary to recognize the rather paradoxical definition of "consciousness," as cognizance of conscious operation; because we are conscious of many things that we do not at the time, and may never be cognizant of, and it is in the sense of an unrecognized consciousness, not "unconsciousness," that the term subconscious is used. We must recognize that the subconscious part of perception, ideation, association, comparison and recollection, is always in operation, duplicating, and probably on a larger scale, every particular of the conscious part; and that besides the inherited memories, every impression upon the senses, and every ideation resulting therefrom, or from the reactions of association, or comparison with all preceding impressions, exists in the conscious or subconscious record which we call memory, and enters as a possible factor in every intellectual process. We borrow the old metaphysical terms to say that these processes may be sifted after association and comparison, by conscious or subconscious intellection, and an idea accepted as a resultant or conclusion, and this process of obtaining a new or more prom-

inent idea, whether accomplished consciously or subconsciously, is what is metaphysically known as reason or judgment, and includes as well that vague subconscious "faculty" called "intuition." When ideation results in action, the mental process continues to a voluntary or involuntary excitation or inhibition of muscular action, and to the co-ordination of the actions of various muscles to accomplish a voluntary or involuntary result, and as in the processes of ideation, so in all the processes of action, there are the conscious and subconscious sides, reflecting each other in every detail. And thus we recognize the old "faculty" of the will, which group, the voluntary activities into a particular channel of muscular determination distinct from the involuntary or automatic excitation of the muscular activities. Observation teaches also that the avenues of egress for the voluntary direction of muscular activity are the same as those for the automatic direction. This would be expected since the voluntary and automatic activities are performed by the same muscles. And we also recognize that when the channels of muscular direction are occupied by the voluntary discharges of energy, the automatic operations are inhibited; and when the automatic have control, the voluntary are inhibited. It is in this sense that we recognize the presence or absence of the so-called will power, and so seek to suppress emotional manifestations by calling into operations the voluntary activities. It is important to recognize that the so-called power of the will, cannot be exerted to directly inhibit emotional or other automatic activities, but that it is limited in its operation, as directed towards repression of emotional phenomena entirely, to bringing into operation of some voluntary ideation or muscular direction to occupy the channels of egress. When we say that the emotions have overpowered the will, we mean only that they occupy the portals of activity, and that there is not room for both to occupy the passage at the same time. To analyze the phenomena of automatism, and subconscious psychic activity, would require a review of both the "old" metaphysics, and the "new" psychology; but we can take an example of the automatic processes related to a single emotion, to illustrate the psychic phenomena connected with hysteria. The emotion of disgust, as manifested by the features, or even by nausea and vomiting, may be excited by a single sensation, transmitted through the olfactory nerves and perceived as an odor. The perception draws from memory of past experience, to form the idea of "spoiled egg," consciously. At the same time subconsciously through the association of inherited memory, there results the muscular manifestations of the emotion automatically expressed. Suppose now that the breaking of an addled egg at the table was the cause for the disgust, and that surrounding circumstances rendered the emotion so extreme as to cause the subject of it, to leave the table, and directly to vomit; thus intensifying the memory of the disgust. Let the incident be soon repeated, and quite likely, the emotion might afterwards be excited even by the sight of an egg under similar conditions, without the excitation of the sense of smell; association exciting, from the sight of an egg presumably sound, the train of ideation originally excited by the odor of the addled egg, whereby the same emotional effect was produced, that memory retained from the time when

the egg was associated with the odor producing disgust. Now suppose that after years the sudden suggestion of "egg," whether by sight, or by something arousing the imagination to recall the calamity of the original "addled egg," should repeatedly, or invariably bring about the emotion of disgust, or its manifestation, then we should have to believe that something actually took place at the first manifestation of the phenomena, which amounted to a removal of the inhibition of ordinary existence, preventing emotional disturbance from slight causes, from being manifested whenever a disagreeable recollection, associated with emotional manifestations at some former time, recurred. We might metaphorically say of such circumstances, that the intensity of the primary emotional disturbance, amounted to an assault, breaking down the normal inhibitory barriers, and thus use, also metaphorically, the word applied to violent solution of continuity of living structure, "traumatism." And in this sense the expression "psychic traumatism," or "emotional traumatism," is to be understood. So also in suppressed and repressed emotions, we have the subconscious and automatic train of ideas, checked in their course towards voluntary and conscious activity by the conscious and voluntary inhibition, which is usually denominated "will." The exercise of the will under such circumstances, cannot be considered as an actual inhibition, at least ordinarily, since the antagonism to the tendency towards emotional discharge, is usually indirect, consisting as it generally does, in a conscious effort to bring into activity a voluntary change to ideation of a different character. This conflict between emotional discharge and voluntary efforts to suppress, or to divert, the mental activity from the undesirable or obnoxious channel into some other and less harmful course, itself may lead to emotional traumatism, as is often exemplified in the case of grief.

So in the study of sexual emotions, which are from social and religious ideas necessarily subjected to the extremes of suppression and repression; and it is well known these are the most thoroughly impressed upon the nervous system, by organic inheritance and instinct, of all emotional manifestations; it is also apparent that repression often operates to produce an unstable equilibrium in the subconscious part of the psychical activities. When this is the case, any form of sense stimulation, may suffice to arouse the subconscious emotions into activity, as is well known to occur even during sleep; when the sexual emotions are translated into erotic dreams. But besides the normal avenues for the manifestation of the sexual emotions, they are often the source of collateral emotional manifestations, such as those pertaining to affection, joy, anger, grief, etc., especially when to repression is added external causes of excitement. It is from this tendency of one emotion to lead to discharge along the facile channels of some other emotion, that the similar emotional manifestations of hysteria have been so frequently attributed to erotic influences. But while sexual repression may furnish conditions favoring hysterical manifestations, it is not difficult to show that hysteria itself is not an outcome of sexual emotion directly, since, as is well known, the normal discharge of sexual emotion in the gratification of sexual desire, is more frequently followed by exaggeration of hysterical phenomena than by any diminution.

The painstaking work of Breur and Freud shows, that at least in a considerable proportion of cases of hysteria, the primary origin, and in part the direction of phenomena, may be traced to a psychic shock of the sexual emotions. Such a shock as corresponds with the emotional traumatism suggested in the supposititious case of disgust. They instance as an example the case of a young girl whose first hysterical paroxysm followed immediately after a fright received from the sudden jumping of a cat upon her back in a dark stairway. The hysteria was considered to be the result of the fright. (The phenomena attending the emotion of fear, it is to be remembered, unite cases of erotic mental disturbance with those both of hysteria, and the so-called "fixed ideas.") But patient investigation showed that this young woman had been erotically excited in the same dark stairway previously, and had there, only a short time before, engaged in a struggle with her lover; and to this struggle while the sexual emotions were excited, Breur attributed the real psychic traumatism, which was subsequently brought into effect by the association of fear, aroused by the cat in the same locality. While the hypothesis may in this particular instance seem rather far fetched, the authors claim to have found in a considerable number of cases of hysteria, that in every instance, a traumatism, so-called, of the sexual emotions, could be traced, occurring at or near puberty. And they instance a great number of such associations, often unknown to the patient, until careful investigation revealed their persistence in the mind. The essential feature, according to these authors, in producing the hysterical tendency, being a sudden discharge of the sexual emotions through the channel of some other emotion. That is, that while psychically under the influence of excited sexual emotion, the occurrence of some shock itself producing an emotion, causes the emotion thus produced to become the channel of discharge of the accumulated sexual emotions. Thus fright, disgust, shame, grief, etc., suffice to eliminate from consciousness the sexual excitement, allowing the whole energy to be expended upon the new emotion, into which channel sexual emotions recurrently flow. This corresponds with the general experience, that young women of hysterical tendencies often develop a paroxysm after the caress of a lover, and are often more hysterical after marriage than before.

But while accepting the author's explanation, as showing the manner in which the sexual emotions may lead to hysteria; it would seem that psychic traumatisms of a similar character exerted upon any of the emotions might lead to the same result. And it is probable that a stronger element in connection with sexual emotions causes the weakness of the so-called will-power, or directly conscious effort which allows the emotional, subconsciously or automatically, to gain control of the channels of expression, virtually inhibiting, in those affected, continuity of conscious ideation. This element is a morbid or unwarranted fear, very like and possibly having a relation to the fears manifested in different forms of "fixed ideas." This is often found associated with suppressed sexual emotion, especially amongst those who have been engaged in the struggle against masturbation, or some of the forms of sexual perversion. At first, these cases deriving the idea that such substitutive gratification is morally

wrong, or that it is liable to, or already has, caused serious disease, or even mental incompetency, attempt to arrest the practice of the vice; the first result of this determination is the effort to suppress the insuppressable sexual instinct; but stress of ungratified desire becoming stronger, they fear they may not succeed; their struggle is aggravated by the constant mental consideration of their condition; finally they are no longer able to continue the conflict, and return to their vice, again to struggle and again to fail. Their struggle keeps the emotions active, and their failure weakens the power of the will to maintain consecutive ideation uninfluenced by the emotions. Sooner or later the emotion of fear is constantly to the front, but this morbid fear is peculiar in that it finds so varied a series of objects; fear that the vice may be recognized by the facial appearance; a fear greatly exaggerated by the false descriptions given in the older medical works of the characteristic effects of the vice. This fear leads to an extravagant attention to the face and its expression. With some, especially women, exaggerated fear of criticism of reputation, becomes the arbiter of existence; they are constantly watching lest their moral character become assailed and view the world as a "School for Scandal." In young men, fear of suicide (which in my experience rarely follows in these cases), is the haunting specter.

Female cases especially fall into the habit of fright, they jump at a noise, they watch the expression of every countenance, they think the world at large particularly interested in watching them. They find some allusion to themselves in everything they hear or read. Now it is also in this class of cases that hysteria frequently manifests its protean presence.

The way thus becomes open for all the emotions to find exit upon the slightest stimulation, and in such cases the occasion comes with some fancied slight or neglect, when a whirlwind of anger is followed by hysteria, and it is to be remarked, that anger is frequently a part of the hysterical manifestation. Thus we are able to see how suppressed sexual emotions, or ungratified desires, become the source of energy that exploding in a channel prepared by the violent manifestation of any other emotion, produces the apparently unrelated phenomena we call hysteria. And we can understand how the sexual emotions, long repressed from normal manifestation, misapplied, perverted in direction, or alienated from their normal object, are no longer amenable to natural direction, but explode in substitutive channels.

The fact that the expression of different emotions is sometimes manifested in one way, and sometimes in another, and that the characteristic manifestations of one emotion may be excited by the ideation of a reason for its converse, must be remembered, as also that hysteria may ring the changes on the expression of any or perhaps all the emotions. And it is to be remembered that the expression of the sexual emotions is almost as varied as the phenomena of hysteria. Joy, exhilaration, pathetic sadness, sighing, shivering, tears, sobbing, laughter, trembling, fear, repulsion, anger, etc., may all be expressed in the course of ardent love. And all of these phases may also be encountered in a single case of hysteria.

I appreciate fully the objection that will be made to this consideration of hysteria from the psychic point of view, that this treatment of fac-

ulties of the mind as subject to traumatism, etc., or as being conditions or activities subject to investigation at all, is a reversion to the old metaphysical conception of the mind. But I yield to no one in considering that all mental phenomena are based upon material and physical substances and activities, and in attempting to explain the relations between sensation and ideation, and ideation and emotion, I have considered as material and tangible processes what, as is well known, is the result or manifestation of processes. But in this field we are limited to the indefinite terms of the old metaphysical science, because the definite terms of language are not yet moulded to express the mechanical and physical conception of the operations of mind. Even the terms, sensation, perception, ideation, memory, will, reason, etc., have only the same kind of arbitrary significance to the operations of the mind, that the political distinctions, Iowa, Illinois, Missouri have to the still arbitrary latitude and longitude, and these to the earth's surface.

The difficulty in obtaining such history of the sexual life of women of education and refinement, amongst whom some of the more startling forms of hysteria are found, can be readily appreciated by every practitioner, and yet it is rather from such subjects, than from the socially perverted and often poorly nourished subjects found in charitable institutions, such as have formed the basis of the studies of hysteria, by Charcot, and in a former generation by Skye, that we must expect to obtain information concerning the psychological relations. Thus one case of an accomplished and brilliant woman has been under my observation. This woman had been ardently devoted to religious matters from an early age, and especially cultivated the emotional side of her church relations. At the time of marriage she was nearly twenty-seven years of age, and apparently in perfect health. On the eve following her wedding she had a prolonged hysterical convulsion, followed by hysterical mania, and for a month continued the most exaggerated variations of the hysterical drama; the manifestations always being promptly excited by the presence of her husband. With great difficulty I eventually gathered the following history: Her religious reading and devotion had gone hand in hand with growth of the normal sexual instinct; of a passionate nature, she looked to her religion to subdue her desires, but as is not uncommon, she made her Savior, the object of a love in which devotion and passion went together; without appreciating the sexual element in her enthusiasm, she became completely absorbed in her divine love, using her imagination to re-enforce her passion, until she emotionally confounded a spiritual marriage to her Savior with a physical union to man. To this her emotional life was given, she had ecstatic visions and voluptuous dreams, and believed herself, indeed, the beloved of the "Son of God." This ecstatic intoxication, often repeated, was interrupted by a serious illness, which left her with extreme mental depression, because no visions came to her help and she felt that she was deserted by her heavenly lover. The convalescence, retarded by her natural mental depression, was an excuse for travel, and on her journey she met the man she subsequently married. His painstaking attention, and a similarity of taste in many things, together with the

influences of the enlivening environment, led her to believe that she loved him, and to this was added the approval of her relatives, social and family reasons, and a greatly improved health. The marriage was not long delayed. She was interested in the ordinary occupations of the bride to be, but manifested little emotional disturbance concerning the approaching nuptials. After the marriage, her husband came to the room where, with her sister, she was preparing for the wedding journey, and surprising her partially disrobed, very naturally caught her in his arms and kissed her. She said that instantly all the passion, that had been in abeyance since her illness returning to her, but instead of being directed towards her husband, it was for the partner of her ecstatic visions; she felt an abhorrence for her husband, and that she had been disloyal to her higher duty as the "spouse of Christ," felt a great horror, gasped for breath and lost consciousness. When she recovered consciousness, it was to feel the most profound depression and shame. Eventually there was recovery of a normal mental condition in this case, and she became a very happy mother, a result I am bound to believe not always resulting in such cases. This seems to be a case in which the psychic traumatism is evident; that sexual emotion in its highly surcharged religious relation, received a shock, and the hysterical discharge through the channels of all the other emotions was the result.

Another case came under my observation, in which an element too often ignored, played a conspicuous part. A young woman in attendance upon a college for women, who had been in her youth practically isolated from male society, or companionship. At the college she formed one of those attachments which are more common than supposed, in which the sexual instinct goes out in its capacity for attraction towards individuals of the same sex; in this case the attraction was mutual, and accompanied with all the idealism of the highest type of altruistic human love; a passion as pure and exalted in the devotion expressed as it is possible to find in literature; evidenced in a correspondence which I was permitted to read; they were as thoroughly physical lovers, however, as though their sexes had differed, and their opportunities for indulging in the gratification of their illicit and unnatural passion were unlimited. This Sapphic love persisted for several years, but at length one of the pair proved unfaithful, forming a similar relation with another woman; the discovery of the unfaithfulness led to a paroxysm of jealousy, and to anger and grief, that eventuated in what was termed "nervous prostration;" at least there was great physical debility lasting for many months. Afterwards this young woman was somewhat ardently courted by a man whose intellectual qualities secured her admiration, and she was led to consider him as a possible husband, with the approval of her family. The first tendency to sexual emotion, however, that came from some unexpected demonstration of tenderness on the part of the man, produced a great horror, and immediately aversion for the man ensued, and a reawakening of desire for a female partner. To this a violent paroxysm of hysteria ensued, which in all the previous psychic disturbances had never been known. It is not too far-fetched in this instance to believe that the psychic traumatism dated from the interruption of the untoward Lesbian love.

Another instance was a young woman of 18 years when first seen, who had been subject to hysterical paroxysms for several years, amongst other phenomena being the rare form of hysterical coma. The coma lasting thirty-six hours without a voluntary movement being apparent. After much patient questioning the following history was obtained. She admitted that prior to the first menstruation, which occurred at 14, she had been pruriently curious, and from what she has learned from other girls, and the observation of animals had formed an idea of sexual relations, especially as observed in the poultry yard, as a matter of play or pleasure, which was like most other amusements within her experience, under the ban of disapproval by her somewhat rigid parents, and like all other amusements to be enjoyed secretly or not at all. As to any relation to procreation, or any moral significance to be attached to anything of the kind she was entirely ignorant. The sexual instinct had begun to be manifested locally, and pleasurable sensations from manipulation had been recognized, but I was unable to find that masturbation proper had been practiced, or a knowledge of the sexual orgasm acquired. Under these circumstances she found a boy playmate, a year or two older than herself, not much, if any, more informed upon sexual subjects, they finally attempted intercourse and succeeded to her very great delight. She was so over-rejoiced at her discovery that her exhilaration was remarked by her mother, to whom any particular animal spirits shown by her children was a matter of offense, and she was promptly sent to bed without supper. This hurt her feelings so much that she cried, and she remembered that she was still sobbing when her sister younger came to bed, which would indicate that the crying had continued quite two hours. (Note the alternation from joy and exhilaration, to resentment, grief and crying, all being manifestations of conflicting emotions.) She awoke in the morning with her head and back aching, and felt a discharge, which proved to be blood, and her first menstruation: frightened at this, not understanding that it was a normal function, she associated it with her pleasure of the previous day, and in blind fear, and almost instinctive shame, she tried to stop the flow by bathing the parts in cold water, and for the next three days she lived in agony of fear of discovery, and practiced every kind of deceit to conceal the occurrence. Of course her anxiety told upon her features and led to questioning by the mother, and suggestion of all possible kinds of sickness by other members of the family. Thus for three days the emotions were maintained in excitement, keeping fear, horror, shame, resentment, etc., in possession of the field until the flow ceased. Her time of trouble, which she attributed to her sexual experiment, made her avoid any renewal, although the recurrent desire kept her mind occupied with sexual speculation, until the time for the next menstruation came, when the appearance of the flow was promptly followed by a hysterical convulsion, in the train of which boisterous exhilaration and fits of sobbing alternated; too late to escape the shock, she now learned the significance of the menstrual flow, but still at each recurrence of menstruation, or at the sight of blood from another person the hysterical attack supervened.

Another case in which the element of sexual emotion was not found to have suffered direct traumatism, occurred in the case of a girl also 14

years of age, attending a boarding school. She was entirely ignorant of anything concerning sexual matters, and knew nothing about the menstrual function; when she was attacked with the flow at night, and horrified by the mystery, endeavored to stop the discharge, taking a cold sitz bath for the purpose. This resulted in a check to the flow followed by severe abdominal pain, headache, etc., for which a physician was called, and he quieted her fears, by explaining the naturalness of the function. But the night of terror was impressed upon the organism, and the effect of the psychic traumatism was manifested by susceptibility to sudden and apparently unreasonable attacks of fright. A fright caused by the unexpected appearance of a man in a supposedly empty room was the occasion of the first hysterical attack at 20; and shortly after another followed the exposure of the hands to snow in making a snowball.



The Operative Treatment of Hypertrophied Prostate; with Presentation of Specimens and Models Illustrative of that Condition.—Dr. Bransford Lewis, of St. Louis, read a paper under the above title before the meeting of the American Association of Genito-Urinary Surgeons at Atlantic City, April 29th, 1902. While claiming for prostatic surgery the merit of wonderful progress in the last fifteen years, the author thought that the profession was not above criticism in certain respects; that operators were much inclined to follow beaten tracks and routine procedures rather than base their operative treatment on the especial conditions found in each individual case. He mentioned some points in the histories of some of his cases, which had a bearing on the subject. The first was one in which he himself had failed to cure a case of prostatic retention by means of the Bottini electro-incision and had then desired to open supra-pubically, but the patient objected; later, the patient consented to another surgeon going in supra-pubically, at which time an intra-vesical projection was removed, with the result of giving complete relief to the case. The second case was one in which perineal prostatectomy had been done a year before by another surgeon, and yet no benefit accrued; the patient was compelled to depend on the catheter for evacuating the bladder for six months thereafter. In January of the present year, the author made supra-pubic incision and removed an intra-vesical collar that surrounded the urethral opening, and had been causing the complete retention, notwithstanding the prostatectomy that had been done. A cure was the result of the later operation. The third case was that of an aged (65) and very infirm patient, whose urine was albuminuric, who had 28 ounces of residual urine, and urinated 35 times in 24 hours; upon whom the author made one posterior incision with the Bottini-Freudenberg incisor, affording practically a prompt and complete relief from various symptoms. Reduction of the residual from 26 down to 2 ounces; and of the frequency from 35 to 7 or 8 times in 24 hours; removal of the albuminuria, and rapid improvement in the general health. Later, the patient had been operated on for inguinal hernia, by another surgeon; had become infected, suffered

from erysipelas and gangrene of the lungs, intestines and of the wound, from which he died, permitting of the exhibition of the post-mortem specimen which the author presented. The specimen showed the groove made by the cauterizer, through which the free urination had been accomplished. The form of obstruction had been a prostatic bar. The fourth case mentioned was one of a gentleman who, four years ago, had been advised by a genito-urinary surgeon to undergo some operation for hypertrophied prostate, but on consulting the author, was advised by the latter not to accept of any operation that he did not need any. Only antiseptic and dietary regimen had been prescribed for this case, and yet during the past four years he had had no indication of any trouble with the prostate or bladder. There had been no residual urine, in the first place, and no reason for an operation had ever existed. The practical lessons derived from these cases were: That the proper selection of the operative procedure is of the greatest importance in attaining successful results; which was satisfactorily explained by the dozen or more pathological specimens and models of hypertrophied prostates exhibited by the reader. In these, the various forms of prostatic enlargement and obstruction were clearly illustrated; the prostatic bar, the bilateral hypertrophy, the intra-vesical tumors and projections, sessile and pedunculated, the nodular valves and the median outgrowths, adenomata, etc. From all of these it was perfectly evident that no one operative procedure could possibly fit all cases, and that the operation should be selected according to the cases at hand, rather than the personal inclination of the operator. The conditions favorable for the several operations in vogue were summed up as follows: Favorable for the supra-pubic route: 1. General enlargement of the prostate, with extreme intra-vesical projection of the median or lateral lobes, diminishing their accessibility from the perineum. 2. Marked pedunculation of the intra-vesical tumors, with absence of obstruction from the source. Favorable for the perineal route: 1. General hypertrophy, involving the lateral lobes, without extreme intra-vesical projection. 2. Large or very thick bar formation. 3. Severe compression of the urethra between massive lateral lobes. 4. Excessive development of the prostate in the direction of the rectum. 5. In most cases, where the patient is in good general condition, is not too aged, and there is not a special indication favoring one of the other procedures. Favorable for the Bottini: 1. Cases of extreme debility, or of extreme age, unable to stand one of the severer operations. 2. Cases of bar or median sessile obstruction, of not too great dimensions. 3. Incomplete collar formation. 4. Horwitz says it should be employed as a prophylactic against further obstructive tendency, at the beginning of catheter-life.

Frank E. Simpson (*Amer. Med.*) makes the following suggestions to anesthetizers: (1) Give the patient your undivided attention; (2) administer the anesthetic slowly; (3) keep the patient's lower jaw forward; (4) observe extreme caution (especially in chloroform administration) when the stage of unconsciousness is at hand; (5) during deep anesthesia watch particularly the respiration, but also the pulse, eye, and color; (6) the rolling of the eyeball from side to side is the first and most easily observed indication of returning consciousness.

Fortnightly's Post-Graduate Course

In this department we will present a series of Practical Papers for the General Practitioner, written expressly for this magazine by the leading Medical Writers of the Twentieth Century.



Diseases of the Stomach.

BY J. M. G. CARTER, M. A., M. D., SC. D., PH. D.,

WAUKEGAN, ILL.,

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[CONTINUED FROM PAGE 163.]

Treatment.—The treatment of carcinoma of the stomach is a subject of absorbing interest. The beginning of the disease is so insidious, its progress often so deceptive, and its termination usually so sudden that much time and thought have been given by the medical profession to discover means of diagnosis and cure. Studies in the line of diagnosis have been crowned with greater success than those directed to the treatment of this malady; yet much has been accomplished in the therapeutic field, and we hope for still more brilliant results, since so eminent an authority as Virchow believes it possible that nature may be able to produce spontaneous cures. If nature has means of producing a cure of cancer under any circumstances, man will yet detect agencies or remedies which can assist nature in her efforts to eradicate these morbid growths.

What rational method can be adopted in the search for such a remedy? It matters not what view of the pathogenesis of cancer we take, we know that its cure must be accomplished by extermination, (a) extirpation, immediate and total; or (b) by such reinforcement of the natural reparative forces as will aid in the extermination of these strangely proliferating cells. If any remedy can be found which will strengthen the ultimate cells of the body in their struggle with these destructive processes, without doubt something will be done towards producing a cure of cancer. We hope, in fact we may confidently expect, that the time is not far distant when the brilliant achievements of physiological chemistry and cellular therapeutics will be crowned by the discovery of such a remedy. Reports have already been made of agents discovered along this line, and to some of them we will refer later.

It may be said that at the present time our knowledge of this subject makes it necessary for us to endeavor to meet the following three indications: 1. The relief of urgent symptoms. 2. The relief of dyspeptic symptoms. 3. Removal of the disease. The object under the first two indications is palliative; under the third curative.

The urgent symptoms are (a) pain, (b) vomiting, (c) hemorrhage, (d) perforation, (e) constipation, (f) diarrhea. Pain, vomiting hemorrhage

and perforation are often so very urgent that an attempt to relieve the patient should be made before search is commenced for the cause of the symptom.

(a) To relieve pain will frequently require the use of morphine and atropine subcutaneously in doses of $\frac{1}{4}$ of a grain (.016) of the former and 1-150 of a grain (.00043) of the latter. Sometimes this dose may be combined with hydrobromate of hyoscine gr. 1-100 (.00065) with great success. The morphine and atropine quiet the pain and the hyoscine allays the nervous symptoms. I have seen this combination produce excellent results in many instances. Caffeine is sometimes valuable, especially if antifebrin is used, and may be given in $\frac{1}{2}$ to 2 grains (.03 to .13) doses per os every two or three hours to sustain the heart and quiet restlessness. Hydrochlorate of cocaine or fluid extract of erythroxylon may be given for local anodyne effect. The cocaine may be given by the mouth in doses of $\frac{1}{4}$ to 1 grain (.008 to 0.065) in pill, and the erythroxylon in half-drachm (2) doses every three, four or six hours in severe cases. Antifebrin is recommended by Demieville. Hoffmann's anodyne has been recommended, and chlorodyne will often give relief. Gelsemium is an excellent remedy for continuous use and has valuable anodyne and nervine properties. It may be given in the form of tincture in 5 to 8 minim (.40 to .80) doses four to six times a day. Riess claims to have secured excellent results from the prolonged use of condurango. Sometimes lavage with an alkaline solution has given relief. Great caution is required, however, if lavage is attempted in such cases. Usually it is better not to attempt it, especially late in the history of the case. The momentary use of chloroform or ether has been made for excruciating pain to quiet the patient until other remedies have had time to take effect. Its administration requires caution. The use of atropine and morphine, or some other form of opium, with belladonna, will answer the requirements in most cases. The likelihood or possibility of inducing the opium habit may be disregarded, as temporary comfort is all that can be promised the patient.

(b) Vomiting is frequently distressing, and requires the physician's immediate attention. I use the following mixture in most cases: Bismuth subnitrate, one drachm (4.00); oxalate of cerium, one-half drachm (2.00) in half a glass or four oz. (120) of water. Give a teaspoonful every fifteen or thirty minutes if necessary; but I find it is seldom required more frequently than once an hour. The employment of the stomach-tube is sometimes very serviceable in these cases if used with caution. The cold douche or lavage with hot water or alkaline or acidulated water will meet this indication in different cases.

Electricity—positive pole intraventral—frequently gives temporary relief. The electric cautery applied to the epigastrium has been used with a degree of success.

(c) Hemorrhage sometimes is alarming and requires active measures. Rest and quiet in bed and the use of ice internally and an ice-bag applied to the epigastrium may be all that is needed. Not unfrequently, however, on account of the profuseness or persistency of the bleeding, it may be advisable to resort to the hypodermic use of ergot or ergotin. In emergen-

cies I do not hesitate to use thus fifteen minims (1 c.c.) or more of the fluid extract if I do not have a more suitable preparation at hand.

(d) Perforation of the stomach walls is a fatal accident in most if not in all cases. Even if death could be delayed by adhesions to adjacent tissues, the stage of the disease in which this misfortune occurs is so near the end that stimulation and, if necessary, anodynes to control pain are about all the measures usually required.

(e) Constipation is not so serious as some of the symptoms already mentioned, but may exist throughout the entire course of disease, and it is often necessary to give immediate relief. Under such circumstances if an enema of glycerin, warm water or warm soapsuds, salt water, etc., does not cause an evacuation of the bowels, usually it will be found that an enema of a teacupful or 8 ounces (250 c.c.) of infusion of senna leaves containing two tablespoonfuls or one ounce (30 grm.) of epsom salts will be entirely satisfactory. To overcome the tendency to constipation early in the case the persistent use of cascara sagrada or compound liquorice powder will generally be found sufficient.

(f) Diarrhea frequently occurs in gastric carcinoma, and requires attention. If due to irritating fluids or materials passing into the intestine from the stomach, lavage in suitable cases (that is, in cases where there is no special contra-indication for the use of the tube) may be sufficient to check the diarrhea. In general the removal of the cause will check the discharge. If the cause cannot be determined, the use of bismuth subnitrate and oxalate of cerium, with opium and astringents, especially acetate of lead, may suffice to control this complication. The administration of antiseptics, as salol or salicylate of bismuth, is often all that is needed.

2. The relief of dyspeptic symptoms requires careful regulation of the diet and such assistance to digestion as will in part supply the deficiencies of the gastric secretions in this disease. When it is remembered that hydrochloric acid and pepsin are generally absent or diminished in quantity in carcinoma of the stomach, it will be understood why we advise that proteids should be given very sparingly as food, or that they should be predigested. In the early stages of the disease, and when the conditions are not known and this suggestion is not remembered, nature often comes to the patient's relief by causing a loathing of meat and sometimes of eggs. If these foods are administered without the precaution of predigestion, putrefaction occurs and the gas formed may cause painful distension or annoying eructations. The use of alkalies and antiseptics will be required as in other similar cases. Nausea and vomiting may occur, and must be treated with bismuth, ice, and alkalies.

The failure to digest proteids and their consequent putrefactive decomposition interferes with the proper digestion of other kinds of food. This interference with the digestion of carbohydrates sets up fermentation and the production of lactic and other organic acids. The fact also that stricture of the pylorus often exists, retaining food a long time in the stomach, will explain another cause of fermentation of farinaceous foods. Hence we curtail farinaceous diet. If dilatation exists, the food should not be bulky and liquids should be limited. Beneke and others, believing

that the cancerous growth will thereby be checked, diminish or exclude albuminous or nitrogenous food and limit such vegetable foods as furnish considerable quantities of phosphates. It must be remembered that a patient may tire of a too limited diet. Extremes must be avoided. I have found a mixed but limited diet to serve the best purpose. Hydrochloric acid, pepsin and papoid may be administered with proteid food when it is not convenient to predigest it. Milk may be given in many cases, but on account of the deficiency of rennet in the stomach it ought to be predigested. Oppolzer makes the statement that patients with gastric cancer vomit less if they take all food cold.

Lavage is frequently necessary to remove refuse material, catarrhal products, and other debris before the stomach is in a proper condition for the reception of food. Especially is this needed if dilatation is present.

In the early stages undoubtedly the secretions may be increased by treatment. This may be accomplished by giving the vegetable stomachics and mineral acids. The aromatic sulphuric acid is frequently very valuable. Condurango has been recommended by Reiss and various other authors, and may be used as routine treatment. Lately I have received good results in the beginning of the disease from the use of pilocarpine and electricity—negative pole intraventral. Both these agents increase the gastric secretions.

3. Lastly we consider the curative phase of the treatment. It would be unprofitable to review the history of this subject, and I shall give only the principal remedies used today.

Virchow approves *chian turpentine*; recommended by John Clay, of London. It is possible that this remedy produces a tendency to degeneration of cells, and, if so, may attack morbid cells first. Arsenic is a standard remedy in cancer. It is possible that this agent tends to cause a degeneration of the pathological cells and to stimulate the connective tissues about them to a more vigorous growth. If this obtains, the result would be beneficial and the cancer cells might undergo atrophy.

Brissoud thinks two cases in his experience were benefited by *chlorate of sodium*, but the remedy which has the greatest reputation at this time is *condurango*. Orszewsky and Erickson and others have reported successful cases. Riess has published many cases, in some of which the tumor had disappeared, and in others sensibly diminished. It has been suggested that this remedy stimulates the connective tissue to more vigorous growth; that this encroaches upon the cellular elements, and a degenerative atrophy results. *Pilocarpine* has been suggested, in the belief that it exercises an alterative effect upon the white blood-corpuscles. *Nuclein* or *protonuclein* has recently been brought to the notice of the profession as a remedy which is said to have powerful nutritive and alterative effects upon the elementary tissues and cellular bodies. I have seen none case, where all other remedies seemed to fail, in which the administration of this remedy in five grain (.33) doses four times a day for two months relieved the vomiting, pain and prostration. The action of the remedy was not permanent, however, and the patient eventually died. In the early stages I believe good results may be obtained from giving one-half pint of a two

per cent solution of hydrozone two or three times a day before meals. Chelidonium has been used internally for cancer of the internal organs (Krainski) and may be used in carcinoma of the stomach.

In the light of our present knowledge one may resort to any or all of the remedies named, but he should not venture a favorable prognosis, as it must be admitted that few physicians believe a specific has yet been discovered for this disease.

Surgical means have been successful in a few instances, but the circumstances of the great majority of these patients are such that they do not consult the physician in time to be treated by surgical interference. Still much has been done in this field, and an early diagnosis may enable the surgeon to render valuable assistance, either producing a cure or postponing the fatal termination.

The operations are palliative and radical or curative.

A. Palliative operations are (a) such as are intended to facilitate the entrance of food to the alimentary tract, and (b) to remove the irritating effect of food in the stomach. The first is effected by *gastrostomy* in cases in which the tumor involves the esophagus or cardia. The second object is accomplished often by *gastroenterostomy* where the malignant growth is situated at the pylorus or in its immediate neighborhood.

Gastrostomy consists in making an opening into the stomach through the abdominal wall and securing adhesion of the viscus to the peritoneum and subjacent tissues of the abdomen, thus producing a gastric fistula. This is done in stenosis of the cardia to give opportunity to introduce nourishment by the new passage. Indications are dysphagia and the total inability of the patient to pass solid or semi-solid food into the stomach and loss of weight. Contraindications are a weakened condition of the system due to cachexia and other enfeebling conditions, as old age or anemia.

Gastroenterostomy is performed when it is necessary to establish a new channel from the stomach to the intestines to allow the chyme to pass directly into the small bowel when there is obstruction of the pylorus. When this operation is performed union between the stomach and intestine should be made as near the pylorus as anatomical and pathological conditions will allow.

B. Radical operations are (a) Resection of the pylorus; and (b) excision of the tumor. Indications: (1) in the early stage of the disease when the tumor is small; (2) when no adhesions have occurred nor metastases taken place. Contraindications: (1) The presence of cancerous metastases; (2) adhesions; (3) large tumor; (4) high degrees of anemia or cachexia; (5) very old age.

Gastrectomy has proved successful in the hands of Pean of Paris, and a few others; but only a few operations have been performed. In these cases only a portion of the stomach was removed. The first successful operation for the removal of the stomach was performed by Dr. Schlatter of Zurich, although Dr. Schuchardt, of Stettin, had previously removed almost all of the stomach, his patient living two and a half years after the operation. The operation has been performed by Dr. A. C. Bernavs, of St. Louis, but his patient died. This operation will supersede partial gas-

trectomy in most cases, in all probability. Dr. Chas. Brooks Brigham, of San Francisco, was the first American to secure a successful result. Other surgeons have performed the operation, and it is now recognized as a legitimate method of surgical treatment.

CHAPTER XVII.—ORGANIC DISEASES OF THE STOMACH—DEGENERATIONS AND RARE AFFECTIONS.

NON-CANCEROUS TUMORS OF THE STOMACH.

Five cases of non-malignant tumor of the stomach are noted in the post-mortem records of the London Hospital (Quain). The commonest tumors are adenomatous polypi which project into the gastric cavity (Pepper). They are composed of hypertrophic mucous membrane, but the submucosa is not involved. These tumors are of small size, and are referred to under chronic gastritis. Other tumors which sometimes project into the gastric cavity, and sometimes from the serous coat into the peritoneal cavity are myomata and fibro-myomata.

Varieties.—Sarcoma occur, though rarely, and may be primary or secondary. They are not so likely to ulcerate as cancer. Cystic myo-sarcoma has been reported, and lymphomata have been seen. Lympho-sarcomata have been reported.

Lipomata and fibromata are rare. Dermoid cysts and other cystic growths have been described. Fibroids have been seen near ulcers in the stomach.

The *etiology* and pathology are as varied as the differences in kind.

Foreign bodies—balls of hair, nails, knives, marbles, and the like—have been found in the stomach, and would present the form of a tumor during life.

The *symptoms* are not distinctive, and an exact diagnosis may be impossible. The *treatment* must be conducted upon general principles, and is usually surgical.

[TO BE CONTINUED.]



To Guard Against the Bite of the Mosquito.—McIntosh recommends an application for this purpose in the Medical Record of November 16, 1901, which he has used for some years when out fishing or hunting in swamps, where mosquitoes are prevalent, and in the evenings when sitting out-of-doors, and which he has found to be most excellent and efficient; it is the oil of citronella (oil verbena, Indian melissa oil). It has a very pleasant odor and is not expensive. The oil should be rubbed into the exposed parts and repeated occasionally, or the following is quite as efficient:

R Oil citronella 3j
Alcohol..... 5j

S. Apply freely to face, neck, hands and ankles to prevent mosquitoes from biting.

This is colored with something to make it slightly green.

CITY CULLINGS.

DR. FRANK HINCHEY has removed his office to 1107 North Grand avenue. The Grand avenue district has become the center of things medical, its popularity with the profession is witnessed by the number who may be found here. We predict the removal of the Medical Society to that part of the city as soon a suitable quarter shall be erected.

DEATH OF DR. SCHMALHORST.—Dr. M. D. Schmalhorst, one of the more prominent of the younger physicians of the city, died at the Rebe-kah Hospital on June 2d, of infection pneumonia, the result of infection following an accident during an operation three weeks earlier. Dr. Schmalhorst seemed to be recovering from the effects of the poison, but suffered a relapse and death soon followed. He leaves a wife and two children, the youngest but two days old at the time of his death.

JOIN THE LIBRARY ASSOCIATION.—The St. Louis Medical Society is considering a proposition from the Medical Library Association, which offers it members associate membership at reduced a rate. It would seem certain that there could be nothing of weight urged against supporting and using the library without any reduction, surely the fees are low enough, the surprising thing is that the Library Association has so limited membership when there are but a very few physicians in the city who are equipped that they do not need the aid of the library in their daily work. Those who have the most complete private libraries are at present the most enthusiastic members of the association and find themselves constantly going for special data to its library. It would seem that there are many who cannot appreciate the worth of what is offered or their need of it.

DEDICATION OF THE NEW JEWISH HOSPITAL.—The new Jewish Hospital was opened for the receipt of patients early in May, but the formal dedication of the building did not take place until the 18th. The completion of the main building of this hospital is a matter of considerable pride to the local Jewish community, and means much to people of all sects in the city, that the dedication was of the nature of a general exchange of congratulation is but natural. The exercises were held in the hospital, and on the grounds at 5414 Delmar avenue before a large audience, in which was a large representation of the local profession and a number of physicians from outside the city who had come in for the occasion. The hospital is under the supervision of Miss Mary Hainsworth, who was in charge of the hospital at the house of refuge. Dr. Herman Tuhloske is chief of the medical staff, in which he is aided by Drs. J. Friedman, Robert Luedeking, Ernst Jonas, Henry Schwartz, W. Loth, B. M. Bolton, M. A. Goldstein, P. Hoffman, H. L. Wolfner., H. W. Loeb, with an associate staff consisting of Drs. A. Levy, J. S. Meyer, J. M. Grant, Albert Faller, Louis Wolfort, G. Lippmann, W. Robertson, W. Bartlett and W. S. Deutsch. The officers of the association are: August Frank, president; Lee Sale, secretary and William Stix, treasurer. The members of the board of directors are Morris Glaser, M. Friedman, M. Wiener, Elias Michael, David Eiseman, Charles Swart, Julius Lesser and N. Bry.

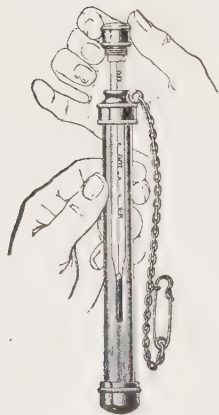
DR. M. S. MIDDLEKAMP, of Colorado Springs, formerly house physician of the Missouri Baptist Sanitarium in St. Louis and Miss Rose Koch, of Palmyra, Mo., who attended the doctor during an illness while she was a trained nurse at the same institution, were married in Colorado Springs a few days since.

NEW INTERNES AT THE CITY HOSPITALS.—The result of the recent examination for internes to the various city hospitals was announced on the 3d inst. The successful applicants were: Drs. John A. Collins, J. A. Worthington, G. L. Armstrong, H. E. Miller, Frank L. Whelpley., H. N. Loewenstein, L. S. Brown, W. M. Baker, A. B. Brandt, H. M. Van Hook, C. E. Burford, E. W. Cannady, C. P. Glahn, J. E. Ross, Walter Pfeifferberger, E. C. Spitz, P. T. Knapp, W. S. Clark, E. T. Urban, W. H. Jury, Ralph D. Riley, Homer G. Frame, O. J. Culberson, O. H. Jackson, T. R. Ayars, R. C. Forsyth and Walter H. Allyn.

ST. LUKE'S HOSPITAL.—The board of directors of St. Luke's Hospital met at the St. Louis Club on the evening of June 2d, and organized by re-electing most of the officers, the result being as follows: President, William H. Thomson; vice-president, H. N. Davis; treasurer, C. S. Freeborn; secretary, S. S. Hutchins; assistant treasurer, F. J. McMaster; chaplain, Rev. Edmund Duckworth; superintendent, Miss Ida Linden Foster; superintendent of training school, Miss Amalie M. Napier; medical staff, Drs. Harvey G. Mudd, G. Baumgarten, M. B. Clopton, A. E. Ewing, W. E. Fischel, John Green, Joseph Grindon, Willis Hall, M. H. Post, J. B. Shapleigh, George M. Tuttle and Jules F. Valle. The plans for the new hospital are in the hands of the building committee, and work is progressing toward the erection of the building, which is to be located at Delmar and Belt avenues.



An Aseptic Thermometer Case.—A recent invention which has lately been put on the market, and which will be welcomed by the profession, is an aseptic thermometer case. This is another of the "good things" which come from the Norwich Pharmacal Co. The illustration gives a better idea of this ingenious device than is possible in words. It makes possible the constant immersion of the thermometer in an antiseptic solution, making it absolutely sterile, and doing away with all doubt as to the danger of this instrument. In matter of size this case is but slightly larger than the ordinary case, and but little heavier even when filled. The ingenious placing of rubber diaphragms and the screw caps make leakage impossible, even when the thermometer is removed. In matter of convenience and as a safeguard against the spread of disease the case is a success, and we believe it will be generally adopted by the profession. In its improved form this case is all that could be desired and admirably accomplishes its purpose.



Society Proceedings.

MINUTES OF THE TRI-STATE MEDICAL SOCIETY, at Chicago, April 3 and 4, 1902.

OFFICIALLY REPORTED FOR THE MEDICAL FORTNIGHTLY.

[Continued from page 356.]

FRIDAY MORNING SESSION, APRIL 4.

Called to order by Dr. Murphy.

Following names were proposed for membership: Drs. O. H. Yeremian, Batavia, Ill.; Albert B. Hale, Chicago, Ill.; J. W. Hanna, Winfield, Ia.; William Allen Pusey, Chicago, Ill.; Hermann J. Achard, Roselle, Ill.; Fenton B. Turck, Chicago, Ill.; C. H. Anderson, Chicago, Ill.; Conrad Czarna, Chicago, Ill.

Upon motion they were duly elected to membership.

Dr. Badlwin cordially invited the society to Cook County Hospital to a clinic on Skin Diseases and Syphilis.

Dr. F. P. Norbury made a report for the Committee on Constitution and By-Laws. Following are the changes proposed:

CONSTITUTION.

ARTICLE I (NAME).

This association shall be known as the Tri-State Medical Society, and shall exercise its functions by virtue of the voluntary and plighted faith of its members.

ARTICLE II (OBJECT).

The objects of this society are to foster, advance and disseminate medical knowledge; to uphold the honor and maintain the dignity of the medical profession.

ARTICLE III (MEMBERSHIP).

Membership in this society shall be limited to those members of the medical profession who are regular graduates in medicine, and who acknowledge allegiance to the American Medical Association. Furthermore, the membership of this society shall be limited to those physicians and surgeons residing in the southeast part of Iowa, the northeast part of Missouri, and the adjacent portion of Illinois. All applications for membership shall be referred to the Committee on Credentials, and shall be accompanied by a fee of two dollars.

The Committee on Revision of the Constitution and By-Laws propose the following reconstruction of Article III:

"Membership in this society shall be in accordance with the basis of membership in the American Medical Association, viz., members of the profession in good standing, who are members of a county society in affiliation with the American Medical Association.

"No one under sentence of expulsion, suspension, or other disability in any regularly organized state, county, district, or local medical society, shall be eligible to membership in this association during the existence of such disability.

"All applications for membership shall be made through the Board of Censors. The annual dues shall be two (\$2.00) dollars, payable at time of registration, or upon presentation of by-bill by the Treasurer."

ARTICLE IV (MEETINGS).

The regular meetings of this association shall be held on the first Tuesday of April and October, and at such place as shall be decided upon by vote of the society.

It is proposed to recast Article IV, to read:

"The regular meetings of this association shall be held on the first Tuesday of April, at such place as shall be decided upon by the society."

ARTICLE V (OFFICERS).

The officers of this society shall be a president, two vice-presidents, a secretary and a treasurer, who shall be elected by ballot, to hold their respective offices for the term of one year.

DUTIES OF OFFICERS.

President.

The President shall preside at all meetings of the society, and perform such other duties as parliamentary usage and the vote of the society shall require.

Vice-President.

The senior Vice-President, or, in his absence, the junior Vice-President, shall assist the President in the discharge of his duties, and in the absence of the latter, or at his request, shall officiate in his place.

Secretary.

It shall be the duties of the Secretary to keep a list of the members of the society with their addresses, to give notice of the meetings of the society, to keep a record of its proceedings, to conduct its business correspondence, and perform such other duties as may be required.

Treasurer.

It shall be the duty of the Treasurer to receive and disburse all moneys belonging to the society. He shall pay out no money except on warrants signed by the presiding officer.

It is proposed to recast that part of Article V, regarding officers, to read:

"The officers of this society shall be a president, two vice-presidents, a secretary and a treasurer, a board of censors and a committee of arrangements, who shall be elected by ballot (except committee on arrangements), to hold their respective offices for the term of one year." To that part re-

garding the duties of the Treasurer, it is proposed to add, "and ordered paid by the society."

The duties of the Board of Censors is to be described as follows:

"Board of Censors.

"The Board of Censors shall be composed of three members—one from State of Iowa, one from State of Missouri and one from State of Illinois. This Board shall receive and pass upon all applications for membership."

The following describes the duties of the Committee of Arrangements:

"Committee of Arrangements.

"The Chairman of the Committee of Arrangements shall be chosen by the President, and he shall reside at the place of the annual meeting. He may choose as many assistants as he deems necessary—he, with his assistants, will make all arrangements for the annual meeting."

BY-LAWS.

Article I. The order of business at the regular meeting of this society shall at all times be subject to the vote of two-thirds of the members present, and until permanently changed, except when for a time suspended, shall be as follows, viz.:

1. Calling the meeting to order by the President, or, in his absence, by one of the Vice-Presidents.
2. The report of the Committee of Arrangements on the credentials of members, after they have registered their names and address, and the name of the society, or institution they represent, or if in attendance as permanent members.
3. The report of names and the election of members by invitation.
4. Reading the minutes of the last meeting.
5. Reading the notes from absentees.
6. Resolutions introducing new business or instructions to standing committees which shall lie over for consideration.
7. The address of the President at the opening of the March session.
8. The appointment by the President of a committee of three to select the place of the next meeting.
9. Reception of the reports of special committees and voluntary communications.
10. Report of the Treasurer and standing committees.
11. Report of Nominating Committees, election of officers, and selection of delegates to the American Medical Association and other societies.
12. Miscellaneous business.
13. Reading of the minutes and their correction.
14. Adjournment.

Article II. The Committee of Credentials shall receive and examine all applications for members and letters of introduction presented by those

wishing to become members by invitation; recommend the number and length of sessions to be held daily; receive and announce all voluntary communications, and take general supervision of the arrangement of business coming before the meeting, reporting from time, as it may be necessary.

It is proposed to strike out the above Article II, and insert in its place, the following:

"Article II—Section 1. The first part of the morning session, but not for more than thirty minutes, shall be given to such business as may come before the society.

"Sec. 2. No essay or report shall be permitted to occupy more than twenty minutes, without consent of the society.

"Sec. 3. Discussion of papers or reports presented, shall be limited to ten minutes for each speaker, and no member shall speak a second time, except with the unanimous consent of the society.

"Sec. 4. No essay or report or other communication presented to this association shall be published in any but regular medical journals, without the consent of the society."

Article III. Ten members of this society, including two officers, shall constitute a quorum, and may proceed to business.

Article IV. There shall be appointed annually by the incoming president for the next ensuing year, a Committee of Finance, consisting of three members, whose duties it shall be to examine and audit the accounts of the Secretary and Treasurer, to pass upon all bills referred to them, to examine the books and accounts of any officer whenever they may think it necessary, to suggest such means as they may deem expedient with regard to the finances of the society, and to make their report for the past fiscal year immediately after the twelfth order of business is disposed of.

Article V. Any violation of the constitution, by-laws, or code of ethics shall constitute just grounds for impeachment, and any member convicted of such violation, shall be liable to censure, suspension or expulsion. A vote of two-thirds shall be required to censure or suspend and one of three-fourths to expel.

Article VI. In case of charges being preferred against any member, they shall immediately be referred, without discussion, to the Committee on Medical Ethics, who shall furnish the accused with a written copy, and, if he desires, shall afford him an opportunity of knowing the character of the evidence against him; shall receive and consider such as he may desire to present, and shall make their report to the society as soon as practicable. If they consider it necessary, or the society direct, they shall accompany their report with a synopsis or full statement of the evidence. The vote shall be taken without discussion or delay, unless some member desires explanation from the committee upon a point definitely stated.

Article VII. The meetings of this society shall be conducted according to parliamentary rules, and the decisions of the President shall be respected, unless properly appealed from and reversed by the society. A motion or resolution shall be reduced to writing, if any member desires it.

[TO BE CONTINUED]

MEDICAL MEMORANDA.

REMOVAL OF GUN POWDER STAINS—On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and face literally blown full of powder. I removed a dozen flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent solution of cocain. After the operation I used fifteen per cent solution of Hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth saturated with fifty per cent solution of boric acid in the eyes and painted the face twice daily with equal parts of Hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.—Dr. E. G. Corbett in Medical World.

Ecthol is an American production made from a mixture of the fluid extract of thuja and echinacea augustifolia. The latter is a plant belonging to the natural order compositae, which grows in North America. The fresh root of this plant is in high favor with the Indians as an antidote against the bites of serpents. Dr. Stinson found that this plant promotes the flow of saliva, is a mild and inoffensive antiseptic, and, above all, an aphrodisiac. It is employed in malaria, in typhoid and in diseases of the stomach as well as locally in the form of an aqueous solution of the fluid extract as an aphrodisiac. In addition, it may be given internally in the form of a fluid extract or tincture. Ecthol is said to be the most powerful antagonist of supuration. According to Meyer this substance has a powerful effect in toxemias. Parker, Webster, Snyder and Russell have shown that it is of great service in infectious diseases, in septic wounds and in the bites of serpents, as well as in chronic catarrhs.—N. Y. Medical Journal.

I have tested Aletris Cordial sufficiently to recommend it with confidence to the medical profession as a No. 1 uterine tonic. I used it with perfect success in a case of pregnancy,

primipara, and in its early stage attended with general cramps or spasms, and a complete nervous prostration. After prescribing other remedies without success, I prescribed Aletris Cordial in usual doses, and had no further trouble with the case. I have also tested its virtues in a number of cases of Dysmenorrhea with good success, and in many cases of uterine debility. I am highly pleased with it, and shall continue to prescribe it in all cases where a uterine tonic is required.—Jos. Hoffmeister M. D., Rutledge, Tenn.

ALLOUZ MAGNESIA WATER
Resorted to in the beginning by the aborigines, later by pioneers, it is now the water above all others which has received the indorsement of a critical, thoughtful people. It has qualities which place it beyond comparison. Its peculiar softness makes it unique. The lack of harshness makes the taste distinctively refined. Its extraordinary value to the health seeker and to him who lives too well, has given it a distinction above all other table waters. Allouez is absolutely pure natural magnesia water. Nothing so healthy or refreshing. A trial on your table appeals for the constant use of a water of such excellence. There is no doubt about Allouez. The best hotels, dining cars, restaurants and buffets everywhere have Allouez. Allouez received the prize awarded at the Paris Exposition in 1900, for purity and dietetic qualities. It is a natural stimulant with no reaction. Many people have learned the value of an internal bath in the morning but many more will be delighted when they have felt the mental poise and physical exhilaration which comes with the daily practice of slowly sipping one or two glasses of sparkling Allouez Water immediately on arising. The stimulating value of the water is pronounced. It enlivens the brain and sharpens the faculties for the duties of the coming day. It is as smooth as velvet.

THE RIGID OS.—We all know how very trying it is to the physician, to say nothing of the unfortunate patient, who after some hours of suffering from labor pains, finds herself

tired and greatly exhausted, because of a rigid os. This condition is so frequently encountered by all obstetricians, and unless relieved, prolongs labor and depletes the vitality of the patient. In these cases H. Marion Sims, M. D., uses Hayden's Virbunum Compound with good success and if this eminent practitioner so readily endorses H. V. C. we have no hesitancy in freely recommending its use in the above condition.

TROPHONINE AN IDEAL NUTRITIVE IN PHTHISIS PULMONALIS.

Dr. J. Leffingwell Hatch, London, says (Am. Therapist.): I have treated a large number of consumptives and have tried all sorts of artificial foods as well as the natural ones, but have never found anything that gave such wonderful results in the way of nourishment and gain in weight as trophonine. Out of fifty-three cases that came under my care during the past year, nine were given trophonine in conjunction with their normal diet, and in every instance there was a gain in weight and improvement in the physical condition. Especially in cases where the throat is involved it is of value, when deglutition becomes almost impossible. Trophonine can be swallowed because it soothes inflamed parts as it passes over them. Trophonine can be given per rectum, and is retained with ease on account of its non-irritating nature. From the results I obtained in these cases, I am convinced that trophonine is the best adjutant to the patient's regular diet in phthisis.

CLINICAL OBSERVATIONS.

By Dr. Louis LeRoy, Nashville, Tenn., Professor of Pathology of the Vanderbilt University, and State Bacteriologist. Dr. Le Roy is a well-known authority, and what he says on this subject will be, we think, of exceptional interest to our readers. We quote as follows:

"At the more severe stage of whooping cough small doses of terpheroïn will be found to relieve the frequency and intensity of the spasms

without deranging the digestion, or nausea of the patient to the extent that ipecac will. In tuberculosis in which there is a troublesome, irritating cough, it will be found of benefit, relieving the additional source of irritation which the severe coughing produces. In this way it becomes desirable as a synergist to the action of creosote, the dose of which seems capable of being increased to a greater extent than when uncombined. In attacks of the pulmonary type of grippe not only will the cough be found to be modified, but the headache frequently so troublesome will be greatly modified.

"The antispasmodic action of terpheroïn was well manifested in one case which came under the writer's care in which the patient was afflicted with a very troublesome attack of hiccoughs. A two drachm dose was administered at once, followed by three one drachm doses at intervals of half an hour, when slight nausea was produced, and the hiccoughs entirely stopped and did not return. In acute tonsillitis it will relieve much of the pain and discomfort while the usual local treatment is being instituted.

"As an analgetic a pleasing combination will be found by combining drachm doses with the desired dose of any of the coal tar antipyretics."

SUCCESS AND GRATITUDE.

We beg to gratefully announce to the medical profession the removal of our offices and laboratories to 105 Chambers Street, New York, where, with greater space and more extensive facilities, we shall be better enabled to take care of the increasing demand for Ergoapiol (Smith) and Glyco-Heroïn (Smith).

After having our personal statements as to the unusual efficacy of these preparations in their respective indications verified by hospital and clinical investigations we sought to interest the physician individually, and the satisfaction of those who have investigated either or both could not be more fully manifested than in the necessity of our new and more commodious quarters. Very sincerely, Martin H. Smith Co.